

BOROUGH OF LISKEARD

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1966

P.J.FOX, M.B., B.Ch.
B.A.O., D.P.H.

During the year 1966 the estimated population of the Health Area rose by 420 to a total of 51,500. Very small decreases in Liskeard R.D. and Torpoint U.D. were offset by moderate increases in St. Germans R.D. Saltash M.B and Liskeard M.B and by a very small increase in Looe U.D.

There was an appreciable excess of live births over deaths, and the corrected birth rate for the Area was above the National figure. In one district in particular - Saltash M.B. - there was something of a "population explosion" with 180 live births, and a corrected birth rate of 23.9 per 1,000 of population. The corrected rate in Torpoint U.D. at 22.3 was also appreciably above the Area rate of 18.7 per 1,000 of population. Both the stillbirth rate and the infant mortality rate for the Health Area were below the corresponding figures for England and Wales. No maternal deaths occurred during 1966.

The Area death rate was marginally lower than the national death rate. The principal causes of death showed up in much the same order of prevalence as in previous years. Heart disease which caused 38% of all deaths was clearly ahead of cancer (17%) and stroke (15%). Close on half of the deaths attributed to heart disease were due to disease of the coronary arteries of the heart. Of the defined forms of cancer that affecting the ~~trachea~~ and lungs was most common and caused 24 deaths as against 11 due to cancer of the stomach. Of the 691 persons who died during the year 345 had reached or exceeded the age of 75 years at the time of death.

The incidence of notifiable disease was not heavy during 1966, the total of 387 cases notified represented an attack rate of 7.51 cases per 1,000 of population. Measles with 293 notifications was the most prevalent of this group of diseases, and the districts most affected were St. Germans and Liskeard Rural Districts. None of the more serious forms of notifiable disease occurred, and there were no deaths attributed to this cause.

For many years there has been a downward trend in the incidence of newly notified cases of tuberculosis but this decline has not been a steady falling gradient, but one in which a fairly marked reduction in any particular year is commonly followed by an upswing in the curve of incidence in the following year. This pattern was again evident in 1966 when the incidence rose as compared with 1965. In all 16 new cases were notified as against 9 in the preceding year. The tendency for the majority of cases to come from the older age groups was again in evidence and no less than 12 of the cases were aged 45 years or above at the time the infection was discovered and notified. In spite of better and more widely available methods of diagnosis, such as public mass radiography sessions provide, and improved, and very effective methods of treatment tuberculosis is still a disease to be viewed with concern. Some strains of the tubercle bacillus acquire resistance to anti-tuberculous drugs and such infections prove difficult, and tedious to treat. Very occasionally more serious and almost forgotten forms of the disease show up and such was the case towards the end of 1966 when a 14 year old schoolgirl developed tuberculous meningitis. Not so very many years ago such a case would almost certainly have had a fatal outcome and even with modern treatment some residual disability may persist. In the case I have cited the child involved still has not been able to resume school some six months after the onset of the infection.

In recent years a relatively mild form of gastro-enteritis has become prevalent. This affects in the main children in primary school age-groups i.e. from 6 - 10 years old, and is less prevalent amongst older children, and adults. It appears to be active at all seasons of the year in contra-distinction to food poisoning, and more conventional forms of gastro-enteritis which are usually more prevalent during the warmer months. In younger children it is commonly a very mild, indeed a trivial illness, but tends to be more severe in adults when these are involved. Specimens from patients give negative bacteriological results, and the probability is that some form of virus, as yet not positively identified is responsible for the illness. The mode of spread of this disease is not precisely known.



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The infection is almost certainly carried in the vomit and the stools, but it is also probably transmitted by droplets from the nose and mouth of cases. In this respect it resembles the common cold and because this method of spread is involved it is difficult if not impossible to effectively control the spread of the infection. It is also likely that in the case of children sub-clinical infections which because of this mild and transient nature are not recognised can nevertheless function as links in the chain of infection.

In my Annual Report for 1965 I referred to the hazard presented to consumers of untreated milk by the existence of contagious abortion infection or brucellosis amongst cows in milking herds. Since then this subject has received a good deal of publicity and I personally have seen articles in newspapers, in a journal which circulates widely in the farming industry and have seen and heard very interesting and informative programmes on television and radio drawing attention to the adverse effects of this disease on agricultural economies, and on the health of farmers, cowmen, veterinary surgeons, and to some lesser extent on consumers of untreated milk. As far as the last hazard is concerned the heat treatment of all raw milk in pasteurisation plants provides a solution which is readily available. The threat to those who work closely with cattle is not so easily dealt with, and its resolution together with that to the economy of the agricultural industry calls for the eradication of the disease in cattle under the same type of policy which was successfully carried out some years ago for the eradication of tuberculosis. As I write the first small, and very inadequate steps are being taken in Cornwall to deal with the problem. As is generally the case in this type of situation financial considerations whether in relation to compensation to be paid for infected animals or for augmenting the staff and technical facilities necessary to carry through any scheme of eradication, are the factors which decide the rate at which remedial measures can proceed. At the present time we must reluctantly recognise the fact that any rapid and comprehensive scheme for the eradication of brucellosis in cattle does not rate a high degree of priority or urgency in the national plan.

The identification of sources of brucella infection in milking herds is a tedious and time-consuming procedure. At present there is only one sampling officer on the staff of the County Council, and he has so far had to confine his efforts to investigations of herds in West and Mid Cornwall. Because of this very little investigation of milking herds of producer-retailers in this Health Area has been carried out. It is a fact that in Cornwall some 20- 25% of milking herds which have been sampled show some evidence of Brucella abortus infection in the milk. On this basis some 16 to 19 of the 78 producer-retailer milking herds in this Health Area may be expected to show evidence of infection in their milk. If we are to proceed from the position of intelligent guesswork to the actual ascertainment of sources and extent of infection the recruitment of further sampling officers is necessary. Here however difficulties, principally financial, do not give hope of any early or rapid improvement in the present unsatisfactory state of affairs and in face of this and the very lukewarm schemes for eradicating the disease from cattle I can only repeat the advice generally given against the consumption of untreated milk.

The welfare and living standards of two sections of our affluent society continue to cause concern. These are the so called "problem families" and the elderly, and in particular old people living alone. In the former case the parents are commonly below average in intelligence, the wage earner is usually without skills, and is therefore unable to secure and hold well-paid employment, and both parents are ill-equipped to resist the blandishments of doorstep salesmen, the attractively set out and brightly coloured catalogues of mail order suppliers and the social pressures of "keeping up with the Jones" which appear to apply at all levels of society. The extension of car ownership puts further strains on the resources of such families. Apart from the standing charges for taxing and insuring the vehicles, outgoings on repairs and maintenance are frequently well above average because the cars owned are old and in poor mechanical condition. Possession of a car also tempts the owner to take employment some distance away from home with the inevitable extra expense such travelling involves. A recent instance comes to mind in which out of a weekly income of around £12 no less than

£3. 10. Od. was spent on travelling to and from the place of work. More often than not the call to assist these families originates in concern about a relatively small debt, frequently in respect of the rent of the Council house they occupy, but when the full financial liabilities are exposed the total debt load may exceed £150 - £200. It is noteworthy how much of the worry and anxiety of such a situation is borne by the wife. Many of the husbands seem to think that provided they hand over a certain amount of their wages each week, there is no need for further concern on their part as to how the household budgeting is done.

Elderly people, and especially those living alone, continue to present anxieties and problems to their relatives, their neighbours, and to social workers. The pattern, stemming very largely from degenerative changes and ageing of the vessels supplying blood to the brain, is all too familiar to those who come in contact with older people. Coupled with a failing memory is a deterioration in standards of cleanliness both personal, and in relation to the surroundings. In addition many through lack of an adequate income or through a cranky and unreasonable pre-occupation with frugality live on an unsatisfactory diet which sooner or later give rise to malnutrition and avitaminosis. In one respect at least the situation is improved. Old people are now much more receptive to the idea of entering welfare accommodation in an Old Peoples Home where they may be adequately cared for. Indeed there is now a problem here of providing sufficient places for the number of applicants seeking places and a period of waiting is the rule for the great majority of applicants. New homes will be provided in Callington and Liskeard in the course of the next couple of years and whilst this new provision may reduce waiting lists it will not eliminate them.

The provision of hospital beds for old people in need of care, attention, and nursing beyond the scope of welfare accommodation is still far from adequate, and one still hears all too often of old people rendered bedfast by accident or infirmity having to wait for a hospital bed when their domestic circumstances particularly during the hours of darkness give cause for much anxiety. If in making these observations I appear to be unduly critical of the hospital authorities let me say at once that I am well aware of their difficulties in providing accommodation and staff for this type of patient, and that I do not overlook the special efforts they make to give priority to cases where they are made aware of the unsatisfactory sometimes desperate domestic background.

In the field of water supply the situation is generally satisfactory although there are some localities in which consumers still experience difficulties. These relate in the main to shortage of water during times of heavy demand, and to the appearance of sediment and discolouration in the supply, both of which arise from older and now inadequate distribution mains. The East Cornwall Water Board is aware of these inadequacies and has a programme to deal with them, but for financial and other reasons this will take time.

The position in respect of sewerage and sewage disposal shows a gradual improvement with large schemes in Liskeard Borough, and in Calstock Parish well in hand. There is also good prospect that a comprehensive scheme for Looe will not be long delayed. This last will remove a major source of nuisance concerning which I have in previous reports written in a very critical vein. In the Liskeard Rural District the position has now been reached where schemes to cater for relatively small hamlets are being considered. A possible obstacle to the implementation of such small schemes is the high cost in relation to the limited number of dwellings served - in some cases as much as £400 to £500 per dwelling.

In an area which is mainly rural in character it may seem odd to write of any difficulty in finding and securing suitable sites for disposing of household refuse. Nevertheless this is certainly the case more particularly in the western half of the Health Area. The increase in the volume of household and trade refuse to be disposed, coupled with more critical attitudes of disposal methods have added considerably to the difficulty of securing suitable sites. I have already said, and I offer no excuse for repeating here my view that ratepayers will have to accept higher charges if really satisfactory arrangements for the

collection and disposal of refuse are to be made. Improved types of refuse collecting vehicles, and more efficient methods of tip management are likely to increase noticeably the cost of this service. In addition the not unreasonable demand for the inclusion in this service of ways and means of disposing of heavier items, such as motor car bodies, old furniture mattresses - what is commonly called "junk" - will further increase rate-borne expenditure under this head. This latter type of refuse poses little problem to public health but is presenting an increasing threat to the amenities of the countryside and open spaces near any centre of population.

In concluding the general preface I should like to place on record yet again my sense of gratitude and indebtedness to the Members, Officers, and staffs of the six District Councils for the help and co-operation that I have received from them during 1966.

I have the honour to be

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

LISKEARD BOROUGH COUNCIL.

HEALTH COMMITTEE (1965/66 AND 1966/67)

| | |
|---------------------------|---------------|
| Councillor J. Haworth | Chairman |
| Councillor I.L. Busbridge | Vice-Chairman |
| Alderman Mrs. Clemo | |
| Councillor Mrs. Nadin | (1965/66) |
| Councillor Mrs. Crabb | (1966/67) |
| Councillor A.R. George | |
| Councillor S.R. George | |
| Councillor W. Paynter | |
| Councillor Mrs. Travers | (1965/66) |
| Councillor Mrs. Ellam | (1966/67) |

HEALTH OFFICERS OF THE AUTHORITY.

Medical Officer of Health

P.J.Fox, M.B., B.Ch., B.A.O., D.P.H.

Health Area Office,
Westbourne House,
West Street,
LISKEARD.

Telephone - Liskeard 3373

Chief Public Health Inspector

R.C.Decent, M.A.P.H.I.,

Additional Public Health Inspectors

J. Andrews, M.A.P.H.I.,
J.K.Inman, M.A.P.H.I.

Office Staff

Mrs. J.Lobb
Miss J.Yeo (from October)

Council Offices,
West Street,
LISKEARD.

Telephone - Liskeard 3177

BOROUGH OF LISKEARD

| | |
|---|-------------|
| Area of Borough | 2,704 acres |
| Population (Registrar General's Estimate) | 4,700 |
| Number of Inhabited Houses | 1,725 |
| Rateable Value | £160,111.9 |
| Product of Penny Rate | £667 |

VITAL STATISTICS FOR 1966

| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|-------------|----------------------|-------------------------|----------------------------|
| Live Births | 35 | 39 | 74 |
| | <u>Liskeard M.B.</u> | <u>Health Area No.7</u> | <u>England & Wales</u> |

| | | | |
|---------------------------------------|------|------|------|
| Birth rate per 1,000 of population | 18.8 | 18.7 | 17.7 |
|---------------------------------------|------|------|------|

Still births None registered

| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|--------|----------------------|-------------------------|----------------------------|
| Deaths | 63 | 57 | 120 |
| | <u>Liskeard M.B.</u> | <u>Health Area No.7</u> | <u>England & Wales</u> |

| | | | |
|---------------------------------------|------|------|------|
| Death rate per 1,000 of population | 12.5 | 11.5 | 11.7 |
|---------------------------------------|------|------|------|

| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|--|----------------------|-------------------------|----------------------------|
| Deaths of infants under one year of age | 2 | - | 2 |
| | <u>Liskeard M.B.</u> | <u>Health Area No.7</u> | <u>England & Wales</u> |

| | | | |
|--|------|------|------|
| Infant mortality rate per 1,000 live births | 27.0 | 17.9 | 19.0 |
|--|------|------|------|

Principal Causes of Death at All Ages.

| | |
|---------------------|----|
| Heart disease | 38 |
| Stroke | 35 |
| Cancer (all sites) | 21 |
| Respiratory disease | 7 |

Of those who died during year 60% had reached or exceeded the age of 75 years at the time of death.

Notifiable Disease (other than tuberculosis)

The incidence of this group of diseases was extremely light during 1966 when 13 cases only were notified. None of the more serious forms of disease occurred, and there were no deaths.

The following are numbers and case rates of notifiable disease during the year :-

| <u>Disease</u> | <u>Cases</u> | <u>Case rate per 1,000 of population</u> | |
|----------------|--------------|--|-------------------------|
| | | <u>Liskeard M.B.</u> | <u>Health Area No.7</u> |
| Pneumonia | 6 | 1.28 | 6.89 |
| Measles | 5 | 1.06 | 5.69 |
| Whooping Cough | 2 | 0.43 | 0.43 |

Tuberculosis I regret to have to report that the happy state of affairs obtaining in 1965 when no new cases of this disease were notified, was not repeated in 1966. During the year 4 new cases of respiratory tuberculosis, all males, and all aged 65 years or over were discovered. Two deaths both of elderly males were attributed to respiratory tuberculosis.

The following are case and mortality rates for tuberculosis

| | <u>Rate per 1,000 of population</u> | |
|-----------------|-------------------------------------|-------------------------|
| | <u>Liskeard M.B.</u> | <u>Health Area No.7</u> |
| New cases | 0.85 | 0.32 |
| All known cases | 5.74 | 3.07 |
| Deaths | 0.43 | 0.06 |

At the end of 1966 there were 22 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis resident in the Borough.

National Assistance Act 1948 In March 1966, following a fire in a room in which she lodged, the living conditions of an elderly female gave cause for some concern. It was clear that she required urgent admission to hospital but she bitterly and adamantly refused to agree to this course of action. To complicate matters she had omitted to get herself registered on the lists of any of the local General Practitioners, and in order to deal with the matter expeditiously I had to seek the assistance of my colleague in the neighbouring Launceston Health Area, Dr. W. Paterson. Using the procedure laid down in the National Assistance (Amendment) Act 1951, she was seen by a single Justice of the Peace who made the necessary Order for her removal to the Geriatric Section of the Plymouth and District Hospitals.

Water Supply A generally adequate supply of wholesome water has been available from the East Cornwall Water Board mains in almost all parts of the Borough.

Sewerage and Sewage Disposal Work on this large scheme continued during the year, and there is every prospect that it will be brought into operation during 1967 thus removing a long-standing and heavy source of pollution of the East Looe River.

Food Again because of heavy commitments in respect of meat inspection at a large slaughterhouse it was not possible for the Public Health Inspectors to devote as much time as I would have wished to supervising food premises and to collection of food samples for bacteriological checks. As far as can be determined a reasonable standard was maintained in premises by food handlers and no complaints relating to food were received. No cases of food poisoning were notified during the year.

Factories Act 1961 No difficulties in the operation of this Act were experienced during 1966.

Report by Chief Public Health Inspector. This report by Mr. R.C. Decent follows. I should like to express to Mr. Decent, Mr. Andrews and Mr. Inman my appreciation of the help they have given me throughout the year.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR.

FOR THE YEAR ENDED 31ST DECEMBER 1966.

TO:

THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
CORPORATION OF THE BOROUGH OF LISKEARD.

Your Worship, Ladies and Gentlemen,

I have pleasure in submitting my eighth annual report on the environmental health services of the Borough.

As this will be my last report as Chief Public Health Inspector at Liskeard I might be permitted to reflect briefly on various subjects, and to give my views on progress and disappointments at Liskeard and generally, since 1959.

HOUSING: The last and sixth phase of the attractive Lake Lane Estate, commenced in 1959, is now under construction. For a town of less than 5,000 population the construction of these 287 dwellings (including 108 old people's dwellings) is a remarkably good achievement, and means that no one in unsuitable housing conditions need wait very long for rehousing. Throughout Britain there are too many families and old people on their own still living in squalor, misery and despair after years on a housing waiting list. I am happy to report that in Liskeard there are no such people. The Housing Committee and Council members generally, can be justifiably proud of their housing achievements, and I hope that in 1967 they embark on another substantial housing scheme at Trevecca with a contract using industrialised building methods.

SANITATION: As in 1959 Liskeard's sewage at the end of 1966 was still being discharged, untreated, on land and to watercourses. Fortunately a few more months only will see the completion of the main sewage disposal contract. It is disappointing that the Contractors have fallen so far behind their completion date.

It is even more disappointing that the Ministry of Housing and Local Government are unreasonably slow in arbitrating between the Council and the River Authority on the execution of the Pengover Road area sewerage scheme. This delay may seriously prejudice private residential development, planned in some detail in 1964.

FOOD HYGIENE: Generally food premises and food vehicles, and their facilities have improved slowly but steadily over the years. However, the high turnover of staff in the food industry, and the lack of interest or intelligence on the part of a small number of food handlers is still causing concern to management and food inspectors.

BUILDING CONTROL: While the pre-war jerry-builder is gone for ever, I hope, it is unfortunate that many building employees and small sub-contractors tackle building jobs and work that is really beyond their ability. When building inspections on one item have to be repeated several times until the job is right, I sometimes have a reluctant admiration for the "try, try and try again" attitude of an unskilled building operator, coupled with the hope that not too many bodged jobs have been covered up quick. It is a pity that architects are not retained for supervision in a higher proportion of building contracts.

LEGISLATION: Seven years ago I commented on the bewildering amount of new statutes, regulations and circulars affecting public health inspectors, which had been produced by Parliament and the Ministries in the late fifties. Our legislators in the sixties have not been outdone and the Ministry of Labour surely takes first prize for its extraordinary fecundity in the production of circulars relating to the Offices, Shops and Railway Premises Act. There is no doubt that persons employed in offices and sundry other workers have not enjoyed protective legislation over the years, to the detriment of their welfare in a minority of cases. However, the Act has now been in force two years, and the various premises concerned have received considerable attention from public health inspectors and other officials. Without neglecting their general responsibilities under the Act, it might be appropriate for Local Authorities and the Ministry to devote a little less time on these premises and more time on more urgent matters.

In conclusion I would pay tribute to the guidance and good advice I have always received from Dr. Fox, the Medical Officer of Health, and from Mr. Timbrell, the Town Clerk; to the loyalty and good service of all my staff including, Mr. Inman, Public Health Inspector, previous additional public health inspectors who have left Liskeard since 1962, and Mr. Rylatt, Assistant Surveyor; to the work of the manual staff, particularly the hard-working refuse collection team, who daily provide an essential and most arduous public health service. Lastly I have been grateful for the progressive and helpful attitude of the various chairman and members of successive Health Committees I have served under; it is perhaps significant that four successive Health Committee Chairmen since 1960 have only relinquished their chair to become Mayor of the Borough.

I am,

Your obedient servant,

R.C.DECENT.

12th April, 1967.

1. WATER SUPPLIES:

The Borough's mains water, supplied by the East Cornwall Water Board, was entirely satisfactory in quality and quantity as in previous years.

The few outlying properties not on the mains received attention, and four samples taken for bacteriological examination were unsatisfactory. Suitable advice was given to the consumers concerned.

2. SEWERAGE AND SEWAGE DISPOSAL:

The new sewerage and sewage scheme due for completion in October was not completed at the end of the year. Most of the sewers had been completed, but there was still a substantial amount of work to be done at the works.

The scheme for a separate works to cater for development in the Pengover Road area received planning approval in 1965 and River Authority disapproval in 1966, as it conflicted with the Authority's policy of centralising sewage disposal works. An application to the Minister was made to determine whether consent under the Rivers (Prevention of Pollution) Act 1961 had been withheld unreasonably, but despite reminders, the means and date by which the appeal will be determined is still obscure.

Meanwhile the main scheme has had to go ahead as designed, although alterations may be desirable if Pengover Road area sewage is to be pumped over the hill to gravitate to the main works.

3. HOUSING:

Improvement Grants

(a) Discretionary

| | |
|---------------------------|--------|
| Applications approved | 8 |
| Amount of grants approved | £3,109 |

(b) Standard

| | |
|-----------------------------------|------|
| Applications approved | 1 |
| Maximum Amount of grants approved | £465 |

New Houses Completed

(a) Local Authority Housing

The number of dwellings completed at Lake Lane Estate during the year were:-

| | |
|------------------------|----|
| Old People's flats | 13 |
| Old People's bungalows | 3 |

(b) Private Housing

| | |
|-------------------------------|----|
| Number of dwellings completed | 32 |
| Number in hand at end of year | 11 |

4. BUILDINGS INSPECTION:

114 applications were received in respect of building proposals.

With the commencement of Building Regulations on the 1st February much more time had to be devoted to each application to ensure compliance with the Regulations.

Approximately half of the applications have to be referred back to the applicants or architects acting for applicants for amendment or clarification of plans, before the proposals can be properly be recommended for approval.

One application for relaxation (in respect of zones of open space) was approved.

A report was given the Council in respect of one case where alterations and extensions to a dwelling-house had been carried out by an owner/occupier without notification under Building Bye-laws in force at the time. A cautionary letter was sent.

5. PUBLIC CLEANSING:

The council maintained its weekly collection service, with additional collections to serve many business premises.

The paper sack system is to be extended to thirty-five old people's dwellings some of which were occupied by the end of the year.

Once again the bulk of refuse per premises was much higher than previously. Additional labour and overtime was necessary and a regular collection service to outlying properties with the stand-by vehicle had to be organised. At the end of the year the Health Committee had decided that a new larger capacity vehicle was essential for 1967.

It was disappointing that the new crawler tractor used on the tip was not proving a good investment owing to frequent repairs being necessary, extra expense and less controlled tipping caused worries to the department and the Health Committee, although only one strong complaint on conditions at the tip was received during the year. The position improved towards the end of the year.

6. PEST CONTROL:

The amount of rat infestation remained generally slight.

It was necessary for public health inspectors to give advice on rat proofing in respect of a railway building, a small emergency hospital, and a piggery.

The following treatments were carried out to eradicate rats and mice:-

| | |
|-------------------------------------|----|
| Private Houses | 30 |
| Council dwellings | 5 |
| Business premises | 15 |
| Sewer outfalls (complete treatment) | 2 |
| Sewers | 2 |
| Refuse Tip | 3 |

No significant insect pest infestations were recorded.

7. INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES:

Headings (a) to (d) below are in respect of items on which the Ministry of Health specifically requested information to be included in the annual report.

(a) MILK SUPPLIES - BRUCELLA ABORTUS: The Cornwall County Council takes samples for this purpose. One cow in a herd within the Borough of Liskeard was found to be excreting brucella abortus in her milk. The milk was diverted for pasteurisation and advice given to the farmer.

(b) THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963:

There are no egg pasteurisation plants in the district and no liquid egg samples were obtained.

(c) FOOD HYGIENE (GENERAL) REGULATIONS 1960:

The number of premises subject to the Food Hygiene (General) Regulations 1960 is given below. They are grouped in categories, according to the main food business at any food premises:-

| | |
|--|----|
| General provision shops | 17 |
| Wholesale fruit & vegetable merchant | 1 |
| Fruit & Vegetable shops | 5 |
| Fruit & Vegetable Stall | 1 |
| Butchers Shops | 9 |
| Wholesale Sweet Depot | 1 |
| Sweets Shops | 5 |
| Ice Cream Manufacturer | 1 |
| Fish Shops | 2 |
| Dairy | 1 |
| Bakehouses | 2 |
| Cafes | 4 |
| Licensed Residential Hotels with Restaurants | 3 |
| Public Houses | 8 |
| School Meals Central Kitchen | 1 |
| Schools serving School Meals | 4 |
| Factory Canteen | 1 |
| Soft Drinks Manufacturer | 1 |

Most of these premises were inspected in 1966, and all but two of those inspected were complying with Regulations 16 and 19 (personal washing facilities and facilities for washing foodstuffs and equipment) Informal action against the two premises secured compliance by early 1967.

(d) POULTRY INSPECTION: There are no poultry processing premises within the district. No poultry was condemned in the district during the year.

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The Food Hygiene (Markets, Stalls and Delivery Vehicles Regulations 1966 were made in July to come into force on the 1st January 1967, and in the autumn information was circulated and various food businesses advised on the new requirements. It was most disconcerting a few weeks later to receive Amendment Regulations and have to contact traders afresh and amend advice recently given.

Attention was given to clotted cream sold in the Borough, and all premises selling this food were visited and samples taken for bacteriological examination. It was found most of the vendors were unaware of the need for registration under the Milk and Dairy Regulations, and they were duly registered. A number of samples were poor, and after investigation by local Milk Officers of the Ministry of Agriculture three suppliers of cream ceased production. A subsequent round of samples taken later in the year were reported satisfactory.

One bread and confectionary roundsman suffering from a septic skin infection, was referred to the Medical Officer of Health of the district from which he operated and subsequently excluded from work.

One local provision firm were warned in respect of the sale of unfit sausages. In this case the manufacturers delivered fresh sausages three times weekly and accepted back any unsold sausages on which a credit was given. Unfortunately excess supplies of newly-delivered sausages - which could not be stored immediately in the cool cabinet - and returnable out-dated products were stupidly stored and confused in the same cupboard.

Approximately 150 lbs of miscellaneous canned foodstuffs were voluntarily surrendered by food traders, and destroyed. A few of these were blown cans not processed satisfactorily, but most had been damaged and punctured in transit.

8. MEAT INSPECTION AND SUPERVISION OF SLAUGHTERHOUSES:

Happily the main problem was connected with the reduced kill when it was found that the public health inspectors time at the slaughterhouse was not reduced. About the same time the Meat Inspection (Amendment) Regulations 1966 were published giving local authorities power, subject to certain concessions and safeguards for the trade, to determine the days and the hours on which animals are slaughtered.

The Council did not take any formal action under the Regulations, but had satisfactory consultations with the management of the larger slaughterhouse who agreed (a) Sunday slaughtering to be abolished unless it was absolutely necessary (b) on days when throughput is known to be low, the management to co-operate to avoid unnecessary hanging about or return visits to the slaughterhouse by the public health inspectors.

In fact, after the consultations only one more Sunday kill was necessary and the public health inspector on weekly duty on meat inspection, was able to devote more time mid-week to other health duties.

During the year four meat workers suffering from infections were referred to the Medical Officer of Health who excluded them from work for a time on medical grounds.

It was necessary to give warnings to four slaughtermen in respect of unsuitable protective clothing.

Local Authority: LISKEARD BOROUGH COUNCIL

MEAT INSPECTION RETURN
for Year Ending 31.12.66

| | <u>CATTLE</u> | | | <u>Sheep and</u> | |
|---|----------------------|-------------|---------------|------------------|-------------|
| | <u>Cattle (excl.</u> | | | <u>Lambs</u> | <u>Pigs</u> |
| | <u>Cows</u> | <u>Cows</u> | <u>Calves</u> | | |
| Number killed | 2949 | 642 | 145 | 28820 | 21019 |
| Number Inspected | 2949 | 642 | 145 | 28820 | 21019 |
| All diseases except cysticercosis and tuberculosis ... | | | | | |
| (a) Whole carcase condemned | 12 | 23 | 12 | 146 | 81 |
| (b) Carcase of which some part or organ was condemned ... | 683 | 223 | 19 | 2609 | 1916 |
| % of number inspected | 23.56% | 38.39% | 21.37% | 9.55% | 9.5% |
| Tuberculosis only ... | | | | | |
| (a) Whole carcase condemned | - | - | - | - | - |
| (b) Carcase of which some part or organ was condemned ... | 20 | 12 | - | - | 63 |
| % of number inspected | 0.67% | 1.86% | | | 0.29% |
| Cysticercosis only ... | | | | | |
| (a) Whole carcase condemned | | | | | |
| (b) Carcase of which some part or organ was condemned | | | | | |
| Gross weight of meat condemned. | | | | | |
| Gross Total Weight 37 tons 10 cwt. | | | | | |

9. MISCELLANEOUS:

Most contraventions and public health nuisances were dealt with by informal action, but statutory notices were served in six cases involving defective drainage (2), nuisance at a knackers' premises, a filthy and verminous dwelling, power of entry and a dangerous structure.

10. STATISTICS:

Complaints received:-

| | |
|-----------------------------|-----------|
| Public Health - general | 11 |
| Drainage defects | 13 |
| Accumulations | 5 |
| Refuse containers | 7 |
| Nuisance from animal | 1 |
| Dangerous Structure | 1 |
| Housing conditions | 2 |
| Defects in factory premises | 1 |
| Pests | 38 |
| Foodstuffs | 7 |
| Siting of caravans | 1 |
| Atmospheric pollution | 1 |
| Miscellaneous | 5 |
| | <u>93</u> |

Visits by Public Health Inspectors and Building Inspector (Mr. Rylatt):

| | |
|--|-----|
| Catering Premises (other than public houses) | 15 |
| Public Houses | 8 |
| Butchers shops | 23 |
| Bakeries | 9 |
| Ice Cream Manufacturer | 4 |
| Ice Cream Retailers | 22 |
| Ice Cream samples taken | 8 |
| Food Shops (Miscellaneous) | 29 |
| Food Samples taken | 28 |
| Food Premises (for food inspection only) | 25 |
| Farm Dairy | 2 |
| Food Stalls & Vehicles | 6 |
| Slaughterhouses - Visited daily or more frequently as necessary for meat inspection) | |
| Sewerage Scheme | 139 |
| Other drainage visits (not included under B.R.) | 155 |
| Building Regulations - Drain tests | 106 |
| " " - Other visits and inspections | 237 |
| Dangerous Structures | 22 |
| Accumulations | 37 |
| Refuse Containers | 23 |
| Re Dirty Conditions | 34 |
| Public Health Act (Miscellaneous) | 86 |

Continued....

10. STATISTICS - Continued

| | |
|---|-----|
| Water Supplies - visits | 8 |
| " " - samples taken | 4 |
| Caravans | 22 |
| Petroleum Installations | 32 |
| Knackers Yard | 1.2 |
| L.A. Housing Management - (other than dirty conditions or overcrowding) | 28 |
| Rodent Infestation | 22 |
| Insect Infestation | 1.6 |
| Housing Acts - inspections | 34 |
| " " - overcrowding | 19 |
| " " - re Improvement Grants | 62 |
| " " - re Demolition | 1 |
| " " - Miscellaneous | 1.2 |
| Offices, Shops & Railway Premises Act: | |
| Offices | 15 |
| Retail Shops | 52 |
| Wholesale departments, warehouses | 1 |
| Catering establishments open to the public | 5 |
| Canteens | 1 |
| Factories Act:- | |
| Factories (Power) | 10 |
| " (Non-Power) | 6 |

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1966

| DISEASE | ST. GERMANS R.D. | LISKEARD R.D. | SALTASH M.B. | TORPOINT U.D. | LISKEARD M.B. | LOOE U.D. | HEALTH AREA NO. 7. |
|---------------------------|------------------------|------------------|-----------------|------------------|------------------|--------------|-----------------------|
| Heart disease | 79 | 56 | 45 | 23 | 38 | 24 | 265 |
| Cancer (all sites) | 46 | 17 | 11 | 14 | 21 | 11 | 120 |
| Stroke | 16 | 19 | 15 | 9 | 35 | 8 | 102 |
| Respiratory disease | 26 | 10 | 8 | 2 | 7 | 6 | 59 |
| Circulatory disease | 9 | 11 | 7 | 4 | 3 | 2 | 36 |
| Accidents | 6 | 2 | 6 | 2 | 3 | 1 | 20 |
| Digestive disease | 3 | 2 | 3 | 1 | 1 | 1 | 8 |
| Genito-urinary disease | 3 | 2 | 1 | 1 | 1 | 1 | 7 |

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1966

| TYPE OF DISEASE | ST. GERMANS R.D. | LISKEARD R.D. | SALTASH M.B. | TORPOINT U.D. | LISKEARD M.B. | LOOE U.D. | HEALTH AREA NO. 7. |
|------------------------------------|------------------------|------------------|-----------------|------------------|------------------|--------------|-----------------------|
| Coronary disease, angina | 45 | 25 | 19 | 14 | 11 | 10 | 124 |
| Hypertension with heart disease | 2 | 3 | 1 | 1 | 3 | 1 | 9 |
| Other heart disease | 32 | 23 | 26 | 8 | 24 | 14 | 132 |
| Cancer of the lung and bronch | 10 | 4 | 3 | 4 | 3 | 1 | 24 |
| Cancer of stomach | 5 | 1 | 1 | 1 | 2 | 1 | 11 |
| Cancer of breast | 4 | 1 | 1 | 1 | 2 | 2 | 9 |
| Cancer of uterus | 4 | 1 | 1 | 1 | 1 | 1 | 6 |
| Other cancers | 23 | 11 | 7 | 9 | 13 | 7 | 70 |

APPENDIX 3.

DEATHS BY AGE GROUPS - 1966

| DISTRICT | 0 - 4 YEARS | 5 - 14 YEARS | 15 - 44 YEARS | 45 - 64 YEARS | 65 - 74 YEARS | 75 YEARS AND OVER | ALL AGES |
|-----------------------|----------------|-----------------|------------------|------------------|------------------|-------------------------|----------|
| ST. GERMANS R.D. | 3 | 1 | 9 | 39 | 64 | 97 | 213 |
| LISKEARD R.D. | 5 | 1 | 2 | 26 | 42 | 60 | 135 |
| SALTASH M.B. | 4 | 1 | 2 | 16 | 31 | 52 | 106 |
| TORPOINT U.D. | 1 | 1 | 2 | 14 | 9 | 31 | 57 |
| LISKEARD M.B. | 3 | 1 | 3 | 14 | 27 | 72 | 120 |
| LOOE U.D. | 1 | 1 | 1 | 7 | 18 | 33 | 60 |
| HEALTH AREA NO. 7. | 17 | 3 | 19 | 116 | 191 | 345 | 691 |

APPENDIX 4TUBERCULOSISNEW CASES IN HEALTH AREA NO. 7. - 1966

| <u>AGE GROUP</u> | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|--|--------------|----------------|----------------|
| 0 - 4 YEARS | - | - | - |
| 5 - 14 YEARS | - | 1 | 1 |
| 15 - 24 YEARS | 1 | - | 1 |
| 25 - 44 YEARS | 1 | 1 | 2 |
| 45 - 64 YEARS | 1 | 5 | 6 |
| 65 YEARS AND OVER | 5 | 1 | 6 |
| | <u>8</u> | <u>8</u> | <u>16</u> |
| | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
| NEW CASE RATE PER 1,000 OF POPULATION | 0.16 | 0.16 | 0.32 |

CASE RATES AND MORTALITY RATES IN COUNTY DISTRICTS IN HEALTH AREA NO.7. - 1966

| <u>DISTRICT</u> | <u>NEW CASES</u> | <u>ALL KNOWN CASES</u> | <u>DEATHS</u> |
|--------------------|------------------|------------------------|---------------|
| ST. GERMAN'S R.D. | 0.28 | 2.54 | - |
| LISKEARD R.D. | 0.15 | 2.68 | - |
| SALTASH M.B. | 0.24 | 2.30 | 0.12 |
| TORPOINT U.D. | 0.30 | 3.07 | - |
| LISKEARD M.B. | 0.85 | 5.74 | 0.43 |
| LOOE U.D. | 0.50 | 4.74 | - |
| HEALTH AREA NO. 7. | 0.32 | 3.07 | 0.06 |
| CORNWALL COUNTY | 0.23 | 3.48 | 0.04 |

APPENDIX 5.CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS - 1966

| <u>AGE GROUP</u> | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|------------------|--------------|----------------|----------------|
| 35 - 44 YEARS | - | 1 | 1 |
| 45 - 54 YEARS | 1 | - | 1 |
| 55 - 64 YEARS | 9 | 1 | 10 |
| 65 - 74 YEARS | 8 | 1 | 9 |
| 75 AND OVER | 3 | - | 3 |

DEATH RATE PER 1,000 OF POPULATION - 1966

| | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|--------------------|--------------|----------------|----------------|
| HEALTH AREA NO. 7. | 0.408 | 0.058 | 0.466 |
| CORNWALL COUNTY | 0.399 | 0.088 | 0.487 |
| ENGLAND AND WALES | 0.470 | 0.092 | 0.562 |

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1966 FOR THE
BOROUGH OF LISKEARD IN THE COUNTY OF CORNWALL

Prescribed particulars on the Adminiztration of the Factories
Act, 1961

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Public Health Inspectors)

| Premises | Number on Register | Inspections | Number of Written Notices | Occupiers Prosecuted |
|--|--------------------------|-------------|---------------------------------|-------------------------|
| (1) | (2) | (3) | (4) | (5) |
| (i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities | 11 | 6 | | |
| (ii) Factories not included in (i) in which Section 8 7 is enforced by Local Authority | 40 | 10 | 2 | |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises.) | | | | |
| TOTAL | 51 | 16 | 2 | |

2 - Cases in which DEFECTS were found.

| Particulars | Number of cases in which defects were found |
|---|--|
| Want of cleanliness (S.1) | NIL |
| Overcrowding (S.2) | NIL |
| Unreasonable temperature (S.3) | NIL |
| Inadequate ventilation (S.4) | NIL |
| Ineffective drainage of floors (S.6) | NIL |
| Sanitary conveniences (S.7) | |
| (a) Insufficient | NIL |
| (b) Unsuitable or defective | 2 |
| (3) Not separate for sexes | NIL |
| Other offences against the Act (Not including offences relating to Outwork | NIL |
| TOTAL | <u>2</u> |

No notifications were received in respect of outworkers.

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